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PTO/SB/05 (11-00) d for use through 10/31/02. OMB 0651-0032 pffice; U.S. DEPARTMENT OF COMMERCE

UTILITY **PATENT APPLICATION TRANSMITTAL**

220002063600 Attorney Docket No. First Inventor Asim DASGUPTA, et al. Title **METHOD TO IDENTIFY IRES ELEMENTS**

U.S. Patent and Trad

Express Mail Label No. Only for new nonprovisional applications under 37 CFR 1.53(b))

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Ruth Saskowski									
	TION ELEMENTS ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231								
1. X Fee Transmittal Form (Submit an original, and a dup. 2. X Applicant claims small See 37 CFR 1.27. 3. X Specification (preferred arrangement set for - Descriptive title of the inversion of the statement Regarding Fed - Reference to sequence list computer program listing a - Background of the Invention - Brief Summary of the Invention - Brief Description of the Dreschalled Description - Claim(s) - Abstract of the Disclosure	Total Pages 23 } a. CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) 8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. Computer Readable Form (CRF) b. Specification Sequence Listing on: i. CD-ROM or CD-R (2 copies); or ii. paper c. Statements verifying identify of above copies								
b. Copy from for continua i. DELE Signed									
6. Application Data Sheet. See 37 CFR 1.76 17. Other 18. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76: Continuation Divisional Continuation-in-part (CIP) Of prior application No: Prior application information: Group / Art Unit: For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. This incorporation can only be relied upon when a portion has been									
-19. CORRESPONDENCE ADDRESS Customer Number or Bar Code Label Correspondence address below Correspondence address below (Insert Customer No. or Attach bar code label here)									
Name Kat	e H. Murashige								
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Name (Print/Type)	Name (Print/Type) Kate H. Murashige Registration No. (Attorney/Agent) 29,959								
Signature Date March 1, 2002									

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FEE TRANSMITTAL FOR FY 2002

Complete if Known								
Application Number	To be assigned							
Filing Date	Herewith							
First Named Inventor	Asim DASGUPTA, et al.							
Examiner Name	To be assigned							
Group Art Unit	To be assigned							

Date

March 1, 2002

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$) 370.00 Attorney Docket No. 220002063600

METHOD OF PAYMENT				FEE CALCULATION (continued)									
1. The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:			3. ADDITIONAL FEES										
Deposit Account Number			yments to:		Fε	rge e ode	Entity Fee (\$)	Small Fee Code	Fee	Fee C	escription		Fee Paid
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Name										arge - late ming to arge - late provisi		——	
Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17			12	7	50	227	25		cover sheet				
Applicant claims small entity status. See 37 CFR 1.27				13	9	130	139	130		nglish specification			
2. Payment Enclosed:				14	7	2,520	147	2,520	For filing a request for ex parte reexamination				
☐ Check ☐ Credit Card ☐ Money Order ☐ Other				11	2	920°	112	920*	to Exa	sting publication miner action	•		
FEE CALCULATION				11	3	1,840*	113	1,840*	Requesting publication of SIR after Examiner action				
1. BASIC FILING FEE				11	5	110	215	55		ion for reply with			
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106	330 20		Design filing fee		11		320	219	160		of Appeal		
107	510 20		Plant filing fee	——	12		320	220	160	-	brief in support		
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2. EXTR	CLAIM FE				14	2 .	1,280	242	640	Utility	ssue fee (or reiss	sue)	
		Extra Claims	Fee from below	Fee Paid	14	3	460	243	230	Design	issue fee		
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102	84 200	2 42	12 Independent claims in excess of 3		14	9	740	249	370		ch additional inve ned (37 CFR § 1.		
104 .	280 20	140	Multiple dependent claims, if not paid		17	9	740	279	370	(RCE)	st for Continued I		
109	84 209	42	*Reissue Independer original patent	**Reissue independent claims over original patent		9	900	169	900		st for expedited e sign application		
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SUBTOTAL (2) (\$)				Oti	Other fee (specify)								
** or number previously paid, if greater; For relssues, see above.				¹R	*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$)								
SUBMITTED BY										Complete (if ap	oplicable)		
Name (Print/Type) Kate H. Murashige				tration No. ney/Agent		29,959		Telephone	(858) 720	-5112			

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